



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 9944

|                                    |   |                     |                                       |  |
|------------------------------------|---|---------------------|---------------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/811,739 | <b>FILING DATE</b><br>03/19/2001<br><b>RULE</b> | <b>CLASS</b><br>165 | <b>GROUP ART UNIT</b><br>3743<br>3753 | <b>ATTORNEY<br/>DOCKET NO.</b><br>25207/9012 |
|------------------------------------|---|---------------------|---------------------------------------|--|

**APPLICANTS**

Anthony J. DeGregoria, Madison, WI;  
Thomas J. Kaminski, Madison, WI;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 08/893,833 07/11/1997 OK-LVC

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

n/a-LVC

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 05/25/2001

\*\* SMALL ENTITY \*\*

|  |                                      |                         |                       |                            |
|--|--------------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>WI            | SHEETS<br>DRAWING<br>20 | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                      |                         |                       |                            |
| Verified and<br>Acknowledged   | Examiner's Signature<br><i>VCina</i> | Initials                |                       |                            |

**ADDRESS**

23510

**TITLE**

Integrated heat recovery ventilator-HEPA filter

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>435 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
|                                       |   | <input type="checkbox"/> 1.18 Fees ( Issue )                      |
|                                       |   | <input type="checkbox"/> Other _____                              |
|                                       |   | <input type="checkbox"/> Credit                                   |